



ANTIPARKINSON AGENTS PA SUMMARY

PREFERRED	Apokyn, Bromocriptine, Comtan (brand), Pramipexole immediate-release tablets (generic), Ropinirole, Selegiline, Stalevo
NON-PREFERRED	Azilect (PA not required), Carbidopa/levodopa/entacapone (generic), Carbidopa/levodopa disintegrating tablets (generic), Entacapone (generic), Mirapex ER, Parcopa, Requip XL (brand), Ropinirole ER (generic), Zelapar

LENGTH OF AUTHORIZATION: 1 Year

NOTE: If ropinirole ER generic is approved, the PA will be entered for the brand product, Requip XL.

PA CRITERIA:

For Carbidopa/levodopa/entacapone (generic)

- ❖ Submit a written letter of medical necessity stating the reason(s) the preferred product, brand-name Stalevo, is not appropriate for the member.

For Entacapone (generic)

- ❖ Submit a written letter of medical necessity stating the reason(s) the preferred product, brand-name Comtan, is not appropriate for the member.

For Mirapex ER

- ❖ Submit a written letter of medical necessity stating the reason(s) the preferred product, generic pramipexole immediate-release tablets, is not appropriate for the member.

For Parcopa (brand or generic carbidopa/levodopa disintegrating tablets)

- ❖ Approvable for the diagnosis of Parkinsonism when members are unable to swallow solid oral dosage forms of medication (tablets/capsules)

For Requip XL (brand or generic ropinirole ER)

- ❖ Submit a written letter of medical necessity stating the reason(s) the preferred product, generic ropinirole immediate-release tablets, is not appropriate for the member.

For Zelapar

- ❖ Approvable for the diagnosis of Parkinson's Disease for members currently taking levodopa/carbidopa who are experiencing a deterioration in response to therapy
AND
 - ❖ Member must be unable to swallow solid oral dosage forms of medication (tablets/capsules). Otherwise, physician should submit a written letter of medical necessity stating the reason(s) the preferred product, generic oral selegiline, is not appropriate for the member.



EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.